

North Carolina Department of Health and Human Services (DHHS Directive III-9)

PERFORMANCE RATING DISPUTE PROCESS

COMPLAINT FILING FORM (DHS Form PRD-I)

Check *ONE* only: ☐ Step 1 Complaint ☐ Step 2 Complaint (see 13 below)

1. Name (First, Middle, Last): _____
2. Sex: ____ 3. Race: _____ 4. Date of Birth: _____
5. Business Telephone: _____-_____-_____
6. Work Address (include zip code): _____
7. Classification and Salary Grade: _____
8. Division/Facility/School: _____
9. Period covered by work cycle: From (month/year) _____ To (month/year) _____
10. Statement of issues and facts on which complaint is based. *Be specific.* Attach additional sheet if necessary.

11. Statement of relief desired (attach additional sheet if necessary): _____

12. Attach copy of the following:
 - a. Your completed work plan for the cycle, including interim review and overall performance summary rating.
 - b. The written notice that generated this complaint. If a Step 2 complaint, include copy of the Step 1 decision letter.
 - c. Other documents you consider relevant to this complaint, including a list of such documents.
13. Step 2 Only: (check one only):
☐ I want to appear before the Performance Review Board and speak on my behalf.
☐ I want the Board to consider my complaint through a review of documents only.
14. Employee's Signature: _____ Date: _____

The Following to be Completed by Unit Human Resource Manager:

1. Received by (Name and Title): _____
2. Date Received: _____
3. Complaint is timely filed: ☐ Yes ☐ No, If No, give reason(s): _____



DHR-ER-2006
07/06

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Attachment 2

PERFORMANCE RATING DISPUTE PROCESS
MANAGEMENT RESPONSE FORM (DHHS Form PRD-2)

(Submit to Director of Division of Human Resources within
ten (10) days of receipt of Step 2 Complaint; attach complaint filing form)

1. Employee Name: _____
2. Division/Facility/School: _____
3. Response to employee's statement of issues and facts on which complaint is based. *Be specific.* Attach additional sheet(s) if necessary.

4. Attach to this form copies of any relevant documents you wish the Board to consider, in addition to those submitted by the employee. *Include a list of such documents.*
5. If employee will appear before the Board, enter the name of management representative:
Name: _____
Title: _____
Work Location: _____
Business Telephone Number: (_____) _____
6. Division/Facility/School Director's Signature: _____
7. Date: _____